

UNITED REGIONAL HEALTHCARE SYSTEM - PHYSICIANS ORDER SHEET

PHYSICIAN'S DIRECTIONS: YOUR ORDERS ARE BEING AUTOMATICALLY COPIED, WRITE OR PRINT LEGIBLY.
USE A BALL POINT PEN.

UNITED REGIONAL HEALTH CARE SYSTEM

III

36-24-04 INI

CARDWELL, JOHN W

SZCZERBA, ARTHUR J. 9061 ADM 7/16/01

DOB: 9/01/61 039Y

000011324092

**I
M
P
R
I
N
T**

DATE:

7-21-OL

FIVE

1955

Order Classification:

CMVVT 850, f 20, Signs 1.2 4x1,

FIO₂ 70%

Dr C. Chakrimala / S. Johnson, CRT

noted Counselor on 7/21/01 C. Chakins

- Austin on 7/22/01 mme

DATE:

7-22-01

TIME:

09155

✓ Die Carbonate pro meile

✓ ↓ Center will then NAT to 3:00pm ~~4:00pm~~
time

2

DATE:

7122

TIME

✓ SMA₁₂ Co. ¹³⁶ Ag ¹³¹ Po. ¹³⁵ Onc acid ¹⁴⁰ Esc in an

Q Lamp soda breaks in new

repeat 1 amp in 1 hr ✓

40 m/sec $1v$ over 4 km . ✓

De Hamey ✓

Cordilleran forest

FAXED
7/20/11

114

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used R₁
7-22-0

7-22-51
230

01-1

UNITED REGIONAL HEALTHCARE SYSTEM - PHYSICIANS ORDER SHEET

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UNITED REGIONAL HEALTH CARE SYSTEM

11TH

36-24-04 INJ

CARDWELL JOHN W

SZCZERBA ARTHUR J 8061 ADM 7/16/01

DOB 9/07/61 039Y

00011324092

- M-R-Z-

- M-R-Z-

- M-R-Z-

MAY USE FORMULARY DRUG
UNLESS CHECKEDMAY USE FORMULARY DRUG
UNLESS CHECKEDMAY USE FORMULARY DRUG
UNLESS CHECKED

7-22-01

12-09 PM

- Continue present Vent Settings on i
- Keep Diprivan @ not more than 70-75 mg/kg range.
- Next time when intubated send ET secretions for Gram stain & q.c.
- ABG (H1) in AM, off C (H2) in AM
- please notify GI physician of tip screen w/ct. Anomoma / C. Chakraborty

- M-R-Z-

- M-R-Z-

- M-R-Z-

noted by Chapin 7/22/01 1241

7-22-01

1330

x ↑ Lactulose 30 gm po NGT QID ✓

PO Mc Murty / Churchill RN

FAXED

Churchill RN

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1730 27-10

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UNITED REGIONAL HEALTH CARE SYSTEM
11TH

36-24-04 IN

CARDWELL JOHN W

SZOZERBA ARTHUR J 9061 ADM 7/16/01

DOB 9/01/61 089Y M

00011324092

MAY USE FORMULARY DRUG
UNLESS CHECKEDMAY USE FORMULARY DRUG
UNLESS CHECKEDMAY USE FORMULARY DRUG
UNLESS CHECKEDMAY USE FORMULARY DRUG
UNLESS CHECKED

DATE

7-21-01

TIME

1:00 PM.

- IV to 800 ml (done) of leave rest
- Scale back & attempt to wear the Norcuron over next several hours, and see whether he can be just managed by diprivan alone (which can be titrated up ward).

- ✓ Jf & when weaned off from Norcuron DO ABG & Calme

- ✓ ✓ Clearin to 600mc & PB q 4 hr
- ✓ Xray (B) & ABG (B) in AM.

- ✓ Keep HOB ↑ 20-30°

- ✓ Lasix 20mc & warm/C Chakinala

- ✓ Serum arterial ammonia (B) along with ABG tomorrow AM SPCA

- ✓ B/c Diamox

/ C Chakinala

FIXED

noted thymic thymic 1320
RT noted 7-21-01 @ 1945 - S. Johnson, CR

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UNITED REGIONAL HEALTH CARE SYSTEM

11TH



36-24-04 [N]

CARDWELL JOHN W

SZCZERBA ARTHUR J

DOB 9/01/61 039Y

00011324092 M

ADM 7/16/01

MAY USE FORMULARY DRUG
UNLESS CHECKED

DATE:

7-21-01

TIME:

1955

Order Clarification:

CMVV 850, F 20, Sighs 1.2 4x1,

FIO₂ 70%

Dr C. Chakraborty / S. Johnson, CRT

C. Chakraborty

MAY USE FORMULARY DRUG
UNLESS CHECKED

DATE:

7-22-01

TIME:

0955

f^v DIC later here per neckf^v ↓ later here the NAT to 30gm ~~0.1~~ 1.0

K

MAY USE FORMULARY DRUG
UNLESS CHECKED

DATE:

7/22

TIME:

① SMA12. Co. mg. Pou. unc. acid. in an

② 1 amp soda bicarb IV now

repeat 1 amp in 1hr ✓

③ 40 mg Meclor IV over 4 hrs ✓

④ DCC 20mg ✓

⑤ C. diff. test

FAXED
7/22/01
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1730 27-14-

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UNITED REGIONAL HEALTH CARE SYSTEM
11TH

36-24-04 INI

CARDWELL JOHN W
SZCZERBA ARTHUR J 9061 ADM 7/16/01
DOB 9/1/61 039Y M
00011324092

- M - R - I - N - T

- M - R - I - N - T

- M - R - I - N - T

MAY USE FORMULARY DRUG
UNLESS CHECKEDMAY USE FORMULARY DRUG
UNLESS CHECKEDMAY USE FORMULARY DRUG
UNLESS CHECKED

DATE:

7.21-01

TIME:

1:00 PM.

- TT to 800 ml (done) of leave rest.
- Scale back & attempt to wear Norecuron over next several hours, and see whether he can be just managed by dipivan alone (which can be titrated up ward).

✓ Jf when weaned off from Norecuron
Do ABG & Call me.

DATE:

TIME:

- ✓ 1st clearance to 600mg to PB q. 4h
- ✓ Cxray & ABG in AM.
- ✓ Keep HOB ↑ 20-30°
- ✓ Kax 200mg 2x daily / C.C. Chakinala

✓ Serum arterial ammonia along with ABG
Tomorrow AM ~~SPCR~~

✓ ABG D. amox

C.C. Chakinala

DATE:

TIME:

FILED
7/21/01

noted Hyzine 7/21/01 1320

PT Water 7-21-01 @ 1945 - S. Johnson, MD

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UNITED REGIONAL HEALTHCARE SYSTEM
11TH

36-24-04 IN
CARDWELL, JOHN W
SZCZERBA, ARTHUR J 9061 ADM 7/16/01
DOB 9/01/61 0391 M
00011324092

I M P R I N T

I M P R I N T

MAY USE FORMULARY DRUG
UNLESS CHECKEDMAY USE FORMULARY DRUG
UNLESS CHECKEDMAY USE FORMULARY DRUG
UNLESS CHECKED

DATE:

7/21/01

TIME:

(1125)

Don changes (additional) % ↑ AA to 5.0%

↑ Deprox to 13.6%

↑ lat to 3.2%

add 8 units insulin / liter
rate 100/h.

V.O. Dr Patel / R. Reeves, CNRP

FAXED
7/21/01 11:25

DATE:

noted by Hampton 7/21/01 @ 1145

DATE:

7/21/01

TIME:

1130

dc OIC protocol - +
T.O. Dr Koska / Himmelsch

noted by Hampton 7/21/01 @ 1208

UNITED REGIONAL HEALTHCARE SYSTEM - PHYSICIANS ORDER SHEET

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MAY USE FORMULARY DRUG UNLESS CHECKED		DATE:	TIME:
IMPRINT UNITED REGIONAL HEALTH CARE SYSTEM 36-24-04 INI CARDWELL, JOHN W. SZCZERBA, ARTHUR J. 9061 ADM 7/16/01 DOB 9/01/61 089Y M 00011324092		7/21/01	0115
		CVR in am 121 - 10	
		S.O. Dr. Chakraborty / P. Burslein	
MAY USE FORMULARY DRUG UNLESS CHECKED		DATE:	TIME:
IMPRINT UNITED REGIONAL HEALTH CARE SYSTEM 36-24-04 INI CARDWELL, JOHN W. SZCZERBA, ARTHUR J. 9061 ADM 7/16/01 DOB 9/01/61 089Y M 00011324092		7/21	
		① L / TPN 100 cc q 1hr ② SMA 12 in Error	
MAY USE FORMULARY DRUG UNLESS CHECKED		DATE:	TIME:
IMPRINT UNITED REGIONAL HEALTH CARE SYSTEM 36-24-04 INI CARDWELL, JOHN W. SZCZERBA, ARTHUR J. 9061 ADM 7/16/01 DOB 9/01/61 089Y M 00011324092		7/21	
		① SMA 12 100 mg 904, unc adv, CBC in am ② L TPN 100 cc 1hr ③ Dic 12 albumin ④	
		FAXED 7/21/01	

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UNITED REGIONAL HEALTHCARE SYSTEM - PHYSICIANS ORDER SHEET

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USE A BALL POINT PEN.

MAY USE FORMULARY DRUG UNLESS CHECKED		DATE:	TIME:
PRINT		7-20-01.	
	Repeat ABG's now & let me know the results. <i>dm</i>		
	C.C. Co. Kansas		
	<i>7/20/01</i>		
PRINT		DATE:	TIME:
		2001	1400
	✓ ↑ to 300 mm		
	✓ add sigs 4 x 1 e 1.2 L		
PRINT		give 1 Amb NA bicarb IV <i>(dm)</i>	
	U.U. Dr. Chakraborty <i>(4/12)</i>		
	FAXED		
	noted - Hampton 7/20/01 4:44		
PRINT		DATE:	TIME:
		RT (Noted)	7-20-01 @ 1835 - S. Jensen
	7/20/01 2120		
	OK to use CPN & coverage for BBS & W		
PRINT		150-300 give 3u Regular insulin	
	201-250 = 1u Regular insulin		
	251-300 = 9u "		
	301-350 = 12u "		
PRINT		> 350 = Call physician	
	FAXED		
	Noted 30p		
	U.U. Dr. Chakraborty 7/20/01		
T.O. Dr. P. [unclear] Copy of Case to Litigation Support on 06.26.2013 by scm.			
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22-18			

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UNITED REGIONAL HEALTHCARE SYSTEM

11TH



36-24-04 [N]

CARDWELL, JOHN W

SZCZERBA, ARTHUR J : 9061 ADM 7/16/01

DOB 9/01/61

C39Y

00011324092

M

- M A R I N -

- M A R I N -

- M A R I N -

MAY USE FORMULARY DRUG
UNLESS CHECKED

DATE:

7/20

TIME:

9:30 AM

Portable abdomen sono & hear

Radiologist call me results

D. K. Murphy will see pt this
weekend for me.

Arterial NHs in AM

noted by Hampton 7/20/01 @ 0948

7/20/01
K. MurphyMAY USE FORMULARY DRUG
UNLESS CHECKED

DATE:

7/20

TIME:

① SMA12, 0.2 mg po, unc aers, Cbc in am

② On next bus check PAN & CN

T dextrose 5.2%

T KPO4 35 meq

↓ KCl 30 meq

Viz K long ban

rough some

per/1 Cln

7/20/01
K. MurphyMAY USE FORMULARY DRUG
UNLESS CHECKED

DATE:

7/20

TIME:

③ DIC renal dose dopamine due

④ 250 ml NS bows now come

FAXED
7/20/01 @ 1128

7/20/01 (1110)

CPN changes (additional): ↓ KCL to 10 meq/l.

↓ Ca gluconate to 4.0 meq/l.

Add 3.0 units / liter. Reg insulin @

7/20/01
K. MurphyFAXED
7/20/01 @ 1128Copy of OIG case to Litigation Support on 08/26/2013 by scm
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UNSD

27-19

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USE A BALL POINT PEN.

UNITED REGIONAL HEALTH CARE SYSTEM

11TH



36-24-04 [N]

CARDWELL, JOHN W

SZCZERBA, ARTHUR J 9061 ADM 7/16/01

DOB 9/07/61 033Y 00011324092 M

- M A R Z -

- M A R Z -

MAY USE FORMULARY DRUG
UNLESS CHECKEDMAY USE FORMULARY DRUG
UNLESS CHECKEDMAY USE FORMULARY DRUG
UNLESS CHECKEDMAY USE FORMULARY DRUG
UNLESS CHECKED

DATE:

7-19-01

TIME:

Conf. CP3

- ABGs in Am 110
- Xray in Am (upright sitting)
- Keep head \uparrow 20-30° (to prevent aspiration)
- \downarrow O₂ to 45% (done) C. Chakrabarti

DATE:

7/19/01

TIME:

1245R

- CT Scan of Head today
- S. Ravi.

noted L. Williamson 7/19 @ 1457

DATE:

7/19/01

TIME:

(1835°)

- ① Δ PPN to modified CPN° \uparrow dextrose to B.2%
- adding vitamin K/day
- 113 114 \uparrow Ca gluconate to 7mg/1l.
- ⑤ Am Lab: triglyceride, & prealbumin
- Monday am: prealbumin 115

T.O. Dr Patel / R. Keedy CNSE

FAXED
7/19/01

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7/19/01 @ 7:13

27-20

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UNITED REGIONAL HEALTH CARE SYSTEM

11TH



36-24-04 IN

CARDWELL, JOHN W
SZCZERBA, ARTHUR J 9061 ADM 7/16/01
DOB 9/07/61 039Y M
00011324092

- M - P R I N T -

MAY USE FORMULARY DRUG
UNLESS CHECKED

DATE:

TIME:

7/19/11 (3) ↓ Albumin to 25 g of 24h

(4) change PPN as follows:
next day

↑ KCl to 40 meq/L

↑ K Phos to 25 meq/L

↓ H₂SO₄ to 6 meq/L

DATE:

TIME:

leave remaining comp same

Rate : 150 ml/hr

(5) 10⁺ 14/11/11
CIBC } of km.

FAXED

noted
L. Williamson
7-19-11
HII

DATE:

TIME:

7-19-11

- ABGs 10⁺

- Pp. unavail.

- ↓ Cleocin to 600mg to q12^h

- Start on Levapain 500mg 2PB q24h

- Can we add down Norcuron slowly

so that pt can assist the vent a

little up to 20% mf. (Dose of 4%)

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IMPRINT MAY USE FORMULARY DRUG UNLESS CHECKED	DATE: 7-18-01 TIME: 12:10 PM CXR to line plast of done JF S. Rishy R. noted 7/18 @ 130
	DATE: 7/19/01 TIME: 0208 1. Lactulose prn 2. Change BBD's to glob rad urogen / monogly / FAXED 0948 noted Williamson 7-19 @ 0948
	DATE: 7/19/01 TIME: 1046 (c) New Arginine down to 23 mg / day for this prn (e) Add 30 mg KCl to present bag of prn FAXED 1046 note 7/19/01 1047

UNITED REGIONAL HEALTHCARE SYSTEM
36-24-04 / NJ
CARDWELL, JOHN W.
DOB: 9/01/61
00011324092
ADM 7/16/01

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UNITED REGIONAL HEALTHCARE SYSTEM - PHYSICIANS ORDER SHEET

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USE A BALL POINT PEN.

MAY USE FORMULARY DRUG UNLESS CHECKED		DATE:	TIME:
PRINT	MAY USE FORMULARY DRUG UNLESS CHECKED	7/18/16	
		(1) Change IV to 5% b/w + 75 mg NaKCl, 1hr at 125 mL/hr	
PRINT	MAY USE FORMULARY DRUG UNLESS CHECKED	DATE:	TIME:
		(2) Start PPN (per neurofod) at 125 mL/hr, ASDP H/C other IV when PPN is started	
PRINT	MAY USE FORMULARY DRUG UNLESS CHECKED	(3) Inj Rivanox 500 mg IV now ✓ 2 then 250 mg daily	
		(4) Inj hq. naphthylton 10 mg IV q 12 daily, x3	
PRINT	MAY USE FORMULARY DRUG UNLESS CHECKED	DATE:	TIME:
		(5) Inj 14 P, 1/19 CHC } for 6m	
PRINT	MAY USE FORMULARY DRUG UNLESS CHECKED	(6) Inj Lantus 400 mg IV now ✓	
		(7) albuterol 2.5 mg q 12° IV ✓ U.C. Dr. P. M. / S. H. ✓	

FAXED

FAXED

27-23

1300

7-18-16

McGillish/M. Cardwell 4254

UNITED REGIONAL HEALTHCARE SYSTEM - PHYSICIANS ORDER SHEET

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UNITED REGIONAL HEALTHCARE SYSTEM
11TH

36-24-04 [N]

CARDWELL JOHN W

SZCZERBA, ARTHUR J, 9061 ADM 7/16/01

DOB 9/01/61 039Y M

00011324092

UNITED REGIONAL HEALTHCARE SYSTEM

IMPRINT

MAY USE FORMULARY DRUG
UNLESS CHECKED

DATE: 7-18-01

TIME: 0100

- ① ↑ set rate to 140 bpm
 ② give 1 amp bicarb IV ③ AM ABG
 T.O. Dr Chakinala / C. Coleman RPT
 C. Chakinala

Noted S. Hestey
 100
 7-18-01

due
 8/8

DATE: 7-18-01

TIME: 6:45R

- ① Transfuse 200 of platelets
 Xaura Liquid H

Noted S. Hestey 1300
 7-18-01

DATE: 7-18-01

TIME:

Consult Anesthesiologist for Central line
 & Art line

U.O. Slakorel / S. Hestey
 C. Chakinala

FAXED
 0750

Noted Matthews UR 7/18 @ 0755

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MNL 7-19-01

27-24

UNITED REGIONAL HEALTHCARE SYSTEM - PHYSICIANS ORDER SHEET

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UNITED REGIONAL HEALTHCARE SYSTEM		DATE:	TIME:
36-24-04 [N] CARDWELL JOHN W SZCZERBA ARTHUR J 9061 ADM 7/16/01 DOB 9/01/61 099Y M 00011324092 MAY USE FORMULARY DRUG UNLESS CHECKED	MAY USE FORMULARY DRUG UNLESS CHECKED	7-17-01.	
		Give 2 amps of narsen 2 push now place on sinw of 10/ml + Prv of 10 amp — CMC	
		Start him on low dose diprivan @ 15-20 ug/kg. Cxray in AM. ABG in AM. CMC	
		DATE:	TIME:
36-24-04 [N] CARDWELL JOHN W SZCZERBA ARTHUR J 9061 ADM 7/16/01 DOB 9/01/61 099Y M 00011324092 MAY USE FORMULARY DRUG UNLESS CHECKED	MAY USE FORMULARY DRUG UNLESS CHECKED	7-17-01.	
		A vent to cmv - 15, Tv - 750. Give 5mg norecuron 2 bolus. Give 250cc saline bolus IV. + 1° I to 250 cc/hr Start on norecuron drip @ 3.5 mg/hr Keep on low dose diprivan @ 5-10 ml/hr (if BP can permit) + dopamine to 10 ug/kg/min for now. Can titrate to syst BP of 90+ mm of Hg. ABG in 30-40 min & call me	
		CMC 0200 7-18-01	
36-24-04 [N] CARDWELL JOHN W SZCZERBA ARTHUR J 9061 ADM 7/16/01 DOB 9/01/61 099Y M 00011324092 MAY USE FORMULARY DRUG UNLESS CHECKED	MAY USE FORMULARY DRUG UNLESS CHECKED	7-17-01.	
		A vent to cmv - 15, Tv - 750. Give 5mg norecuron 2 bolus. Give 250cc saline bolus IV. + 1° I to 250 cc/hr Start on norecuron drip @ 3.5 mg/hr Keep on low dose diprivan @ 5-10 ml/hr (if BP can permit) + dopamine to 10 ug/kg/min for now. Can titrate to syst BP of 90+ mm of Hg. ABG in 30-40 min & call me	
		CMC 0200 7-18-01	

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SZCZERBA, ARTHUR J 9061 ADM 7/16/01
DOB 9/07/61 039Y M
00011324092

- M A R - Z H -

MAY USE FORMULARY DRUG
UNLESS CHECKED

DATE:

7/17/01

TIME:

1500 R

Pulmonary consult with
Dr. Cherkina done by residents

S. Ravi.

noted Hampton 7/17/01 @ 1539

RT 7-7-01 @ 1400 - Liliann PRT

DATE:

7/17

TIME:

7:40 PM

- PCR HCV quantitation

- Lactulose 30 cc prn NO & clays

q 4h

- Lactulose Retention enema 60 cc

q 4h

- Rectal tube prn.

- LFTs & CoT, CBC, Arterial NH₃.

PT, PTT q 4h

DATE:

- Bedside Glu q 4h -

call of C 75.

TIME:

FAXED

DATE:

7-17-01

TIME:

9-45 PM.

N/c PEEP (done)

- I₂ to 50% (done)

- ABG's Nav (done)

CME

7-17-01

2215

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C. C. Charkula

27-28

UNITED REGIONAL HEALTHCARE SYSTEM - PHYSICIANS ORDER SHEET

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36-24-04 [N]

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SZCZERBA, ARTHUR J 9081 ADM 7/16/01

DOB 9/01/61 039Y M

00011324092

MAY USE FORMULARY DRUG
UNLESS CHECKED

- M A R -

DATE:

7/17

TIME:

2001

0755

1 DC PEGW

Protomix 40mg IV now + 6mg

pt. pt. IVR

Protomix and Protin Degeneration

products now

call results to me

UC. R. VR give feedback

FAXED

DATE:

7/17/01

TIME:

KARLA Thompson MD

MAY USE FORMULARY DRUG
UNLESS CHECKED

- M A R -

7/17 2001 0850

aggt + pt. Protomix + 6mg

way change vent to chv

T3 to urigiv (feedback)

noted by thampton 7/17/01 @ 0853

DATE:

TIME:

KARLA Thompson MD

MAY USE FORMULARY DRUG
UNLESS CHECKED

- M A R -

7/17/01

11~

(1) change 9L to

57 b/w + 45 neq NaHCO₃ / L

+ 30 neq KCl / L + 20 neq

K Phos / L

Rate: 200 ml/hr

FAXED

1139

7/17/01

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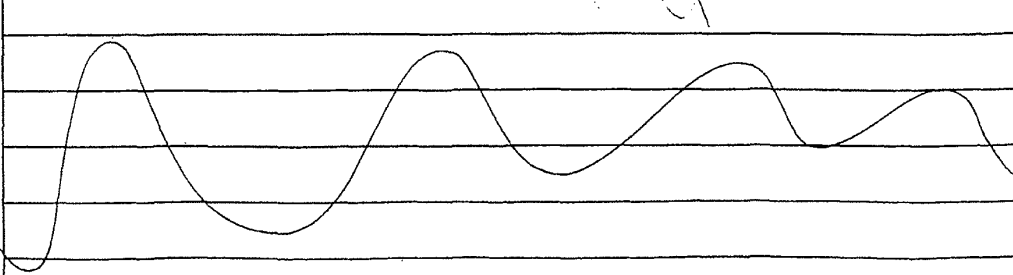
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noted by thampton 7/17/01 @ 1146

27-28

UNITED REGIONAL HEALTHCARE SYSTEM - PHYSICIANS ORDER SHEET

PHYSICIAN'S DIRECTIONS: YOUR ORDERS ARE BEING AUTOMATICALLY COPIED, WRITE OR PRINT LEGIBLY.
USE A BALL POINT PEN.

36-24-04 [N] 11TH CARDWELL JOHN W. SZCZERBA, ARTHUR J. 9061 ADM 7/16/01 DOB 9/01/61 039Y M 00011324092 UNITED REGIONAL HEALTHCARE SYSTEM	MAY USE FORMULARY DRUG UNLESS CHECKED - S A E - Z -	DATE: 7/17/01 TIME: 0630R ① Cardiology consult c Dr. Sathuramul above ② start Dopamine renal above 4.1 ml to SBP > 90. ③ to A.M. lab 29 140 1140
FAXED 7/17/01 0640 [Signature]	MAY USE FORMULARY DRUG UNLESS CHECKED - S A E - Z -	DATE: TIME: ① I.V. F to D5 1/2 NS c 1 amp of NaCl HCO ₃ 500ml 200ml 2 40 mg of KCl a 200 cal/hr for 1L & then in next bag 200ml 20 mg of KCl continue rate at 200 cal/hr.
	MAY USE FORMULARY DRUG UNLESS CHECKED - S A E - Z -	DATE: TIME: 

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UNITED REGIONAL HEALTHCARE SYSTEM - PHYSICIANS ORDER SHEET

PHYSICIAN'S DIRECTIONS: YOUR ORDERS ARE BEING AUTOMATICALLY COPIED, WRITE OR PRINT LEGIBLY.
USE A BALL POINT PEN.

DATE:	TIME:	PHYSICIAN'S DIRECTIONS
7/17/01	0255 P	<p>1. Give 1 amp D50 IV now.</p> <p>2. Pepcid 20mg IV qd</p> <p>TO Dr. Srinivasan / Z Edwards</p> <p>NOTED B. Balas</p>
7/17/01	0415	<p>1. Give 1 amp D50 IV now.</p> <p>2. Pepcid 20mg IV qd</p> <p>TO Dr. Srinivasan / Z Edwards</p> <p>NOTED B. Balas</p>
7/17/01	0215	<p>Run 1/2 NSC + amp bicarb @ 200cc</p> <p>DC NS IV fluid</p> <p>Use Diprivan for sedation</p> <p>TO Dr. Srinivasan / L Steen RN</p> <p>NOTED B. Balas</p>

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Copy double-sided & d-To Toe

UNITED REGIONAL HEALTHCARE SYSTEM

36-24-04 [N]

11TH

CARDWELL, JOHN W

SZOZERBA, ARTHUR J 9061 ADM 7/16/01

DOB 9/01/61 CS9Y

00011324092 M

UNITED REGIONAL HEALTHCARE SYSTEM

NURSING PLAN OF CARE

Plan of Care Will Be Initiated by RN Within 24° of Admission

ing Dx Must Be Addressed In Patient Care Record Until Resolved



RN INITIALS

--

Observations & Interventions with Goals & Expected Outcomes

Licensed Clinical Tech to sign initials in appropriate column each shift.
Changes to Plan of Care will be initiated by licensed person.

Restraint/ interventions:

- Every 2 hours perform circulatory checks on restrained or immobilized extremity
- Every 2 hours while awake and PRN when indicated: remove the restraint and perform ROM on all restrained or immobilized extremities, one extremity at a time.
- Every 2 hours while awake and PRN when indicated: reposition
- Every 2 hours while awake and PRN when indicated: encourage coughing and deep breathing
- Every 2 hours while awake and PRN when indicated: offer fluids and opportunity for elimination
- Assist patient with meals at unit specific mealtimes and PRN
- Assist patient with ambulating PRN as warranted by patient's condition
- Reassess the patient to determine the continuing need for the restraint/MPD every shift and PRN for patients with primary med/surg needs
- Educate the patient/SO about why the restraints/ is being used, care to be given and how to prevent future use.
- Document according to procedure on unit specific nurse notes.

DATE	DATE	DATE	DATE	DATE	DATE	DATE
7/30	7/31	8/1				
A-P Initials	A-P Initials	A-P Initials	A-P Initials	A-P Initials	A-P Initials	A-P Initials
P-A Initials	P-A Initials	P-A Initials	P-A Initials	P-A Initials	P-A Initials	P-A Initials

Comments: (Include Additions, Deletions, Date Resolved)

Pt on Digoxin + Maracord D'd
patients

DATE	DATE	DATE	DATE	DATE	DATE	DATE
A-P Initials	A-P Initials	A-P Initials	A-P Initials	A-P Initials	A-P Initials	A-P Initials
P-A Initials	P-A Initials	P-A Initials	P-A Initials	P-A Initials	P-A Initials	P-A Initials

Comments: (Include Additions, Deletions, Date Resolved)

Initials	Name / Title / Shift	Initials	Name / Title / Shift
KAC	K. Adams RN	JAC	J. Adams RN

Rev. 01/97

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27-31

See Admission Assessment database for initial admitting assessment

ASSESSMENT		AM	PM	ASSESSMENT		AM	PM	ASSESSMENT		AM	PM
MENTAL	Alert		2	Apical Pulse Regular /Irregular		✓		Incision #1 Site			
	Cooperative/Uncooperative			Capillary Refill: < 2 sec/> 2 sec		✓		Open to Air/Dressing			
	Anxious/Restless/Agitated			Neck Veins: Flat/Distended		✓		Dressing Dry & Intact /Drainage			
	Speech Clear/Slurred		✓	EKG Rhythm	SRST	ST		Edges: Approximated /Open*			
	Breath Sounds: Clear	R/L		Lead		II		with: Staples/Sutures/Steri Strips			
	Crackles	R/L		EKG Hi/Lo Alarms On at:	1950	150/50		Redness/Induction/Swelling			
	Wheezes	R/L		Pacer: Temporary/Permanent				Drainage: Sang/Serosang/Sero			
	Rhonchi	R/L		Insertion Depth (cm)				Purulent			
	Diminished	R/L		Transvenous/External				Amount: Sm/Mod/Lrg			
	Absent	R/L		Epicardial Wires				Incision #2 Site			
PULMONARY	Resp. Effort: Regular/Irregular		✓	Pulse Generator On/Off				Open to Air/Dressing			
	Unlabored/Labored		✓	Rate				Dressing Dry & Intact /Drainage			
	Accessory Muscle Use		no	MA				Edges: Approximated /Open*			
	Symmetrical Chest Expansion		✓	Demand/Asynchronous				with: Staples/Sutures/Steri Strips			
	Denies/Admits SOB or Dyspnea		✓	Levelled with RA				Redness/Induction/Swelling			
	Cough: Productive/Nonproductive		✓	Zeroed & Calibrated				Drainage: Sang/Serosang/Sero			
	Color		bloody	1000 U. Heparin				Purulent			
	Tracheostomy		✓	500 CC. NS Flush				Amount: Sm/Mod/Lrg			
	Cuff up/down		✓	A - Line Site:				Drain Tube - Site & Type:			
	Tube secured in place		✓	Proper Wave Form				Drainage: Sang/Serosang/Sero			
HEMODYNAMICS	Ambu at bedside		✓	MAP Hi/LO Alarms On at				Potential for Violence		no	
	ET tube: oral/nasal		✓	Drsg dry & Intact				Assessors Initials	AP	PA	
	# cm at teeth/lip		8	PA Catheter Site:				AP	PA		
	size		5.5/1.5	Insertion Depth (cm)				AP	PA		
	CT # 1 site:			Proper Waveform				AP	PA		
	Suction: # cm H ₂ O/Gravity			Drsg Dry & Intact				AP	PA		
	Bubbling			CVP Catheter Site:				AP	PA		
	Fluctuation in chamber			Proper Waveform				AP	PA		
	Crepitus			Drsg Dry & Intact				AP	PA		
	Drainage: Sang/Serosang/Sero			IABP Site:				AP	PA		
CHEST TUBES	Tubing Connections Secure			Ratio I:				AP	PA		
	CT Dressing Dry & Intact			Proper Augmentation				AP	PA		
	CT # 2 site:			Alarm On				AP	PA		
	Suction: # cm H ₂ O/Gravity			Drsg Dry & Intact				AP	PA		
	Bubbling			Intact/Break in Skin Surface*				AP	PA		
	Fluctuation in chamber			Warm Cool				AP	PA		
	Crepitus			Dry/Clammy/Diaphoretic				AP	PA		
	Drainage: Sang/Serosang/Sero			Pink/Pale (✓ nailbeds/mucous membranes)				AP	PA		
	Tubing Connections Secure			Cyanotic/Flushed/Jaundiced				AP	PA		
	CT Dressing Dry & Intact			Edema - Site				AP	PA		
GI GU	CT # 3 site:			+1 (+2) +3 P=Pitting				AP	PA		
	Suction: # cm H ₂ O/Gravity			Urine Color				AP	PA		
	Bubbling			Clear/Cloudy/Bloody				AP	PA		
	Fluctuation in chamber			Voids/Foley/CBI				AP	PA		
	Crepitus			Abdomen: Soft/Firm				AP	PA		
	Drainage: Sang/Serosang/Sero			Flat/Distended				AP	PA		
	Tubing Connections Secure			Nontender/Tender				AP	PA		
	CT Dressing Dry & Intact			Bowel Sounds: Present/Absent				AP	PA		
	CT # 4 site:			Hypoactive/Hyperactive				AP	PA		
	Suction: # cm H ₂ O/Gravity			Expels Flatus				AP	PA		
RECTAL	Bubbling			NGT/PEG (Placement verified)				AP	PA		
	Fluctuation in chamber			suction/clamped/feeding				AP	PA		
	Crepitus			Urostomy/Ileostomy/Colostomy				AP	PA		
	Drainage: Sang/Serosang/Sero			Stoma Pink/Other				AP	PA		
	Tubing Connections Secure			RECTAL Tube				AP	PA		
	CT Dressing Dry & Intact							AP	PA		
								AP	PA		
								AP	PA		
								AP	PA		
								AP	PA		

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UNITED REGIONAL HEALTH CARE SYSTEM

United Regional Health
Care System 

36-24-04 [N]

11TH

CARDWELL, JOHN W

SZCZERBA, ARTHUR J 9061 ADM 7/16/01
DOB 9/01/61 039V

00011324092

1


PATIENT CARE RECORD - OBSERVATIONS

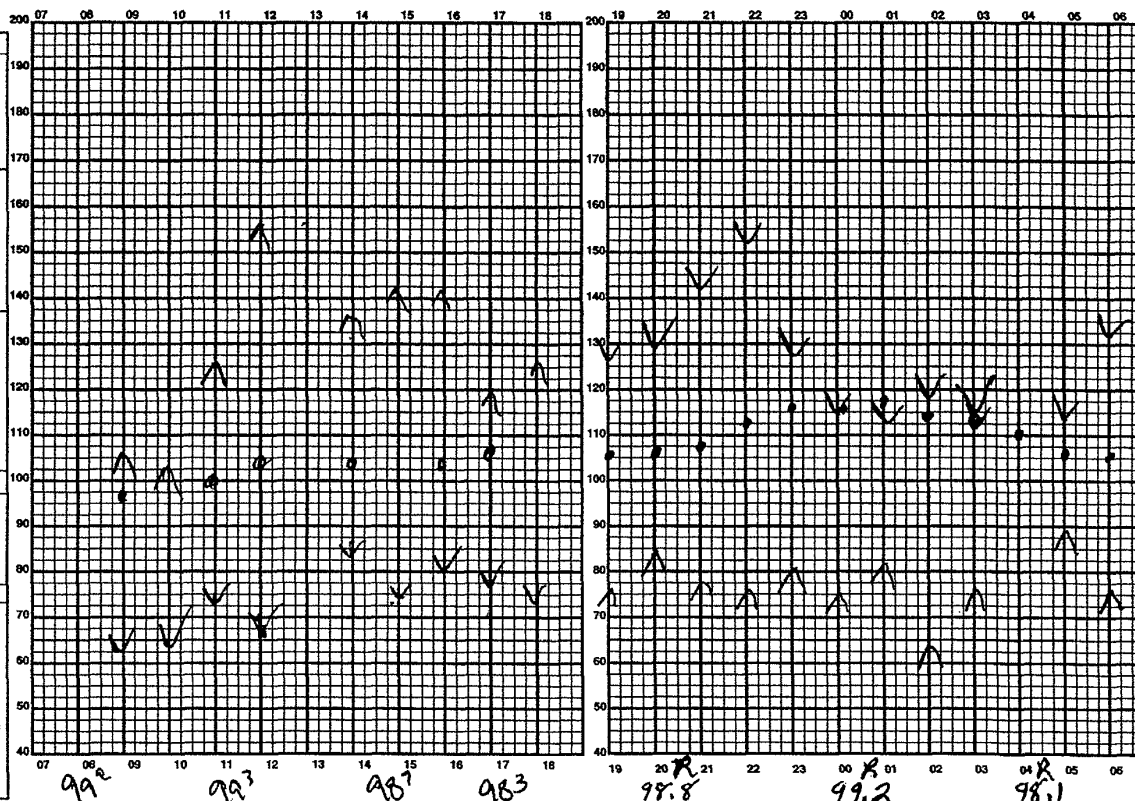
SPECIALTY CARE

Form # 8330/03 (REV. 12/99)

CODE STATUS Full
ALLERGIES: NKA

ALLERGIES: NKA

GLASGOW COMA SCALE		
EYE OPENING	Spontaneous	4
	To Voice	3
	To Pain	2
	None	1
VERBAL RESPONSE	Oriented	5
	Confused	4
	Inappropriate Words	3
	Incomprehensive Words	2
	None	1
MOTOR RESPONSE	Obeys Commands	6
	Localizes Pain	5
	Withdraws (Pain)	4
	Flexion (Pain)	3
	Extension (Pain)	2
	None	1
PUPILS		EXTREMITIES
		STRENGTH (Grips) 3 - Strong 2 - Fair 1 - Weak 0 - Absent
		PULSES P = Palpable D = Doppler P1 - Weak P2 - Fair P3 - Strong D1 - Monophasic D2 - Biphasic D3 - Triphasic



HEMODYNAMICS		20	19	20	20	20	20
Respirations		20	19	20	20	20	20
O2 Sat %		95	98	98	95	97	96
CO/CI							
CVP/PCWP							
PAP							
SVR/PVR							
NEURO							
Eye Opening		1	1	1	1	1	1
Verbal Response		1	1	1	1	1	1
Motor Response		3	3	3	3	3	3
Total (≥ 7 indicates coma)		5	5	5	5	5	5
Pupils	L	3	3	3	3	3	3
	R	4	4	4	4	4	4
Extremities	L	1	1	1	1	1	1
	Arm	1	1	1	1	1	1
	R	1	1	1	1	1	1
	Leg	1	1	1	1	1	1
PULSES							
Time	L	1	1	1	1	1	1
	Radial	1	1	1	1	1	1
	R	1	1	1	1	1	1
	Dorsalis Pedis	1	1	1	1	1	1
Posterior Tibial	L	1	1	1	1	1	1
	R	1	1	1	1	1	1
		1	1	1	1	1	1
		1	1	1	1	1	1

[illegible]

Form # 8330/03 (REV. 12/99)

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DATE: 7-31-01 ROOM# 8

ROOM# 8

27-33

UNITED REGIONAL HEALTH CARE SYSTEM
11TH

36-24-04 |N|

CARDWELL JOHN W

SZCZERBA ARTHUR J 9061 ADM 7/16/01

DOB 9/01/81 039Y

00011324092

UNITED REGIONAL HEALTH CARE SYSTEM

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Form # 8330/03 (REV. 12/99)

Previous Wt.: 95 Kg Current Wt.: _____

*Residuals are not included in the I & O unless discarded L = Current + Bag + Tubing

‡ Indicate with "V" the first void after d/c of Foley

§ Include liquid stool (cc's) in Output B = Bag A T = Tubing A

INPUT & OUTPUT'S																									
CC	CC	CC	CC	CC	CC	CC	CC	CC	CC	CC	CC	TUBE FEEDING	PO	HOURLY SUB TOTAL	URINE ‡	NGT	Rectal Tube								
07	80	40	10	5																					
08													120	120			25								
09																	85								
10																	80								
11																									
12													150	150			115								
13																									
14																	100								
15																									
16																	85								
17													150	150			60								
18																	85								
TOTAL	963	400	100	17	100								420		600	250	950								
TOTAL 12 INTAKE												2236	TOTAL 12 OUTPUT												1800
19	80	40	10	5																					
20													150				170								
21																									
22	BT												60				95								
23		T	B	B																					
00													150												
01																	145								
02																									
03																									
04													150				130								
05																									
06													60				80								
TOTAL	939	466	117	150									570		580	200	270								
TOTAL 12 INTAKE												2274	TOTAL 12 OUTPUT												1450
TOTAL 24 INTAKE												4510	TOTAL 24 OUTPUT												3250
VARIANCE												+1260													

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UNITED REGIONAL HEALTH CARE SYSTEM

11TH

36-24-04 [N]

CARDWELL, JOHN W

SZCZERBA, ARTHUR J 9061 ADM 7/16/01

DOB 9/01/61 089Y

00011324092

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United Regional Health
Care System

Form # 8330/03 (REV. 12/99)

SIGNATURE KEY

Initials	Name, Title	Initials	Name, Title	Initials	Name, Title
Pme	P. Chamberlain	KAG	K. Z. Friedman RN		

PRN MEDICATION ASSESSMENT

(Pain Scale: 0=no pain & 10= maximum pain)

☐ Pt. has PCA or Epidural: See Pain Management 24* Flow Sheet for Documentation R/T Pain Management

INITIAL ASSESSMENT				EVALUATION OF INTERVENTION			
Time	Initials	Pain Level	Problem/Focus	Intervention	Time	Initials	Pain Level

NARRATIVE NOTES

Nursing Dx Must Be Addressed In Patient Care Record Until Resolved

Time	Intervention & Evaluation
0815	Sedated & paralyzed. Skin warm & dry, color pinkish. A very edematous. Tracheostomy to vent, see vent settings. Bilat breath sounds - exp. wheezes. Rhonchi noted. Distended abdomen - bloody secretions. Abdomen extremely distended and firm. Unable to auscultate bowel sounds. NG tube - clamped & patent, placement checked. Foley patent. Urine is dark. Rectal tube arising gently. Stool - feet and legs also edematous. @ triple urine output & 10's unspiking. See U flow sheet. P. Chamberlain
09	Repositioned. Suctioned bloody secretions. Asat mid to upper 90's - gave ms 2mg IV code for RR - P. Chamberlain
10	No new changes @ this time. Up & fair. P. Chamberlain
1230	Repositioned, suctioned - remains sedated & paralyzed. Still gurgling from rectal tube. P. Chamberlain
14	Ossis unchanged. Asats mid 90's - on Cherenale here. P. Chamberlain
16	Repositioned. Trach care done. Jolycare done. Pme
1800	No new changes. Asat mid 90's - Pme
19	Report to K. Friedman RN. P. Chamberlain
2000	VSS, F/C & Rectal Tube patent, IVF infusing. 3 guards @ B5 (prisoner), eye taped shut to prevent drying, severe ascites of abd., cooling blanket on automated control, & Rectal Temp cord in place. KAG
2200	CPN hang, no A in status noted. KAG
2350	VSS, pt. resting quietly, RR even/unlabored. KAG
0130	no A in status noted, VSS. KAG

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DATE: 7/31/01

ROOM#

27-35

UNITED REGIONAL HEALTH CARE SYSTEM

36-24-04 [N] 11TH

CARDWELL, JOHN W
SZCZERBA, ARTHUR J 9061 ADM 7/16/01
DOB 9/01/61 CSDY
00011324092 M

UNITED REGIONAL HEALTH CARE SYSTEM

Form # 8330/03 (REV. 12/99)

NURSING INTERVENTIONS											
Time	08										
O2 via	7200										
L/M or FIO2	50	45									
CMV/SIMV Rate	20	20									
Vt	800	700									
CPAP / PEEP	0										
PSV	0										
PCV											
DS											

NURSING INTERVENTIONS																											
HOURLY	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	06			
Ambulation																											
Up to Chair																											
Dangle																											
Turn																											
CDB																											
TEB Care - Linen Δ																											
Bath/Shower																											
Mouth Care																											
Foley Care																											
Trach Care																											
Oral/Naso/Trach/ETT Suctioning																											
Sputum Amount (Sm/Mod/Lg)																											
Consistency (Th = Thick/T =)																											
Color																											
HOB degree																											

NGT		IV INSERTION		IV SITE CARE		IABP/A-LINE DC'd		EQUIPMENT	
Tube Type		Site		Site		By		IV Pump	
Size		Gauge		Patent		Time		Feed Pump	
By		By		Drsg Applied		Bleeding		Oximeter	
Time		Time		By		Hematoma		Ventilator	
Placement 'd		Start Kit Used		Time		Site Clean		Temp Pace	
X-Ray		Injection Site				Pressure Drsg		SCD/K Ped	
To Suction		# Attempts		Type		CMS adequate		Bard	
Clamped		IV DC'd		Site		PA CATHETER DC'd		IABP	
Feeding		Site		Drsg Applied		By		Camino	
D/C'd Time		Redness		By		Time		Geomatt	
FOLEY/STRAIGHT CATH		Bleeding		Time		Ectopy		Hypo/Hyper	
Size		Drainage		CT DC'd		EXTUBATION		Thermia Unit	
Sterile Tech. Used		Infiltration		Site		Hyperoxygenated			
By		Drsg Applied		By M.D.		Suctioned			
Time		By		Drsg Applied		Extubated by			
D/C'd Time		Time		Time		Time			

FALL PRECAUTIONS		RESTRAINT/M.P.D.	
NURSING DIAGNOSIS: POTENTIAL FOR INJURY R/T HIGH RISK FOR FALL	Initials 7 a-p 7 p-a	*Requires Further Charting	*Alternative
DESIRED OUTCOME: NO FALLS OR INJURY DURING HOSPITAL STAY	KAG	Tube Wandering Fall	*Measures
Stress fall prevention information with Patient and family once per day and PRN		Aggressive/Assaultive	Time Applied
Check for Yellow bracelet on Patient once per day			Type: Wrist
Check for Yellow symbol on chart and kardex once per day			Vest
Check door open & lighting sufficient to visualize Patient q 4 hours and PRN			4 pt.
Confirm all side rails up, bed in low position q 4 hours and PRN		✓ Done-Continues	Needs Attended Q 2 hr
Confirm presence of call light within reach and reinforce use of q 4			per protocol:
Ensure Patient has slippers with rubber soles for out-of-bed activities			*Time Discontinued
Provide mandatory assistance to BSC or BR prn. Remain with Patient while up to BSC or BR		Report given to next shift	
Provide mandatory assistance with ambulation			
Apply reminder belt or posey vest when up to chair as indicated			
Apply bed sensor per nurse discretion. Check alarms "on" at all times when Patient in bed			
Offer toileting at HS and PRN			

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ROOM#

AM

	I&O	Medsheet &kardex agree	Weights agree	Orders signed off	Meds signed off	Tubings, bags,sites O.K.	A-P init. P-A init.
Sunday 7-				✓			
Monday 7-30	✓	✓	✓	✓	✓	✓	JA
Tuesday							
Wednes. 8-1							
Thurs. 8-2	✓	✓	✓	✓	✓	✓	JA
Friday 8-3							
Saturday							
	I&O	Medsheet &Kardex agree	Weights agree	Orders signed off	Meds signed off	Tubings,site Bags,O.K.	
Sunday							
Monday 7-30	✓	✓	✓	✓	✓	✓	KAG
Tuesday 7-31	✓	✓	✓	✓	✓	✓	KAG
Wednes. 8-1	✓	✓	✓	✓	✓	✓	MTK
Thursday 8-2							JA
Friday 8-3	8/2-5 ✓	✓	✓	✓	✓	✓	JA
Saturday 8-4							

PM

UNITED REGIONAL HEALTH CARE SYSTEM
36-24-04 [NI] 11TH
CARDWELL, JOHN W
SZCZERBA, ARTHUR J 8061 ADM 7/16/01
DOB 9/01/61 039Y
00011324092 M

	I&O	Medsheet & kardex agree	Weights agree	Orders signed off	Meds signed off	Tubings, bags, sites O.K.	A-P init. P-A init.
Sunday 7/24	✓	✓	✓	✓	✓	✓	CP JA
Monday 7/25							
Tuesday 7/26	✓	✓	✓	✓	✓	✓	mon / SB
Wednes. 7/25/01							
Thurs. 7/26/01	✓	✓	✓	✓	✓	✓	8/32
Friday 7/27/01	✓	✓	✓	✓	✓	✓	SD/32
Saturday 7-28	✓	✓	✓	✓	✓	✓	CP JA
7-29	I&O	Medsheet & Kardex agree	Weights agree	Orders signed off	Meds signed off	Tubings, site Bags, O.K.	
7/29 Sunday	✓	✓	✓	✓	✓	✓	JA CP
Monday 7/30							
Tuesday 7/31							
Wednes. 7/25	✓	✓	✓	✓	✓	✓	JA
Thursday 7/26	✓	✓	✓	✓	✓	✓	JA
Friday 7/27	✓	✓	✓	✓	✓	✓	JA
Saturday 7/28	✓	✓	✓	✓	✓	✓	CP JA

UNITED REGIONAL HEALTH CARE SYSTEM
11TH
36-24-04 |N|
CARDWELL JOHN W
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UNITED REGIONAL HEALTH CARE SYSTEM

36-24-04 [N]

11TH

CARDWELL, JOHN W

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DOB 9/01/61 039Y

00011324092

M

UNITED REGIONAL HEALTH CARE SYSTEM

United Regional Health
Care System

MEDICATION ADMINISTRATION RECORD SCHEDULED MEDICATIONS

Form # 6010/01 (Rev. 7/99)

DIAGNOSIS/ SURGERIES		ALLERGIES																			
START 7/17	Potomix 40mg IVPB	HOURS	8	5	8	6	8	7	8	8	9	8	10	8	11	8	12	8	13	8	14
DC	QD	09																			
START 7/20	BB6 6° EPN 75 Insulin	00																			
DC	150-200 IU 301-350 IU	06																			
	201-250 IU 7350 Cal	12																			
	251-300 IU MD	18																			
START 7/25	Octalose 30gm NGT	00																			
DC	E 40	04																			
		08																			
		12																			
START		16																			
DC		20																			
START 7/28	Flagyl 500mg.	06																			
DC	Per NG tid	14																			
		22																			
START 8/2	L-Carnitor 990mg.	09																			
DC	tid per NG t	14																			
	(Total 2970)	21																			
START																					
DC																					
START																					
DC																					
START																					
DC																					
DATE	SIGNATURE KEY	INIT	DATE	SIGNATURE KEY	INIT	SITE CODES		Anterior Thigh	Posterior Gluteal	Deltoid	Ventro Gluteal										
						Right = A	Left = B	Right = C	Left = D	Right = E	Left = F	Right = G	Left = H								

☐ CONTINUED ON BACK

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In Use

27-40

UNITED REGIONAL HEALTHCARE SYSTEM - PHYSICIANS ORDER SHEET

PHYSICIAN'S DIRECTIONS: YOUR ORDERS ARE BEING AUTOMATICALLY COPIED, WRITE OR PRINT LEGIBLY.
USE A BALL POINT PEN.

UNITED REGIONAL HEALTH CARE SYSTEM

11TH

36-24-04 INI

CARDWELL, JOHN W

SCZERBA, ARTHUR J 8061 ADM 7/16/01

DOB 9/07/61 033Y M

00011324092

- M - E - N - I -

- M - E - N - I -

- M - E - N - I -

MAY USE FORMULARY DRUG
UNLESS CHECKEDMAY USE FORMULARY DRUG
UNLESS CHECKEDMAY USE FORMULARY DRUG
UNLESS CHECKED

7-22-01.

12-09 PM.

- Continue present Vent settings on i
- Keep Diprivan @ not more than 70-75 mg/kg Range.
- Next time when intubated send ET secretions for Gram stain & pc.
- ABG (H) in lab, all C (H) in AM
- please notify GI physicians of tip serum out. Annuoma / C Chakraborty

FAXED 7/22/01 12:09 PM

noted by Chapt 7/22/01 12:41

7-22-01

1330

x ↑ lactulose 30 gm po NGT QID ✓

PO Dr Murthy / Chakraborty RN

FAXED 7/22/01 1330

Chakraborty RN

7-22-01
1330

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UNITED REGIONAL HEALTHCARE SYSTEM - PHYSICIANS ORDER SHEET

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USE A BALL POINT PEN.

UNITED REGIONAL HEALTH CARE SYSTEM
11TH

36-24-04 IN

CARDWELL JOHN W

SAGHERBA ARTHUR J 9061 ADM 7/16/01

DOB 10/16/61 0391

00011324092

-M-R-Z-I-

-M-R-Z-I-

-M-R-Z-I-

MAY USE FORMULARY DRUG
UNLESS CHECKEDMAY USE FORMULARY DRUG
UNLESS CHECKEDMAY USE FORMULARY DRUG
UNLESS CHECKED

7-21-01

1:00 PM.

- IV to 800 ml (done) of leave reftan
- Scale back & attempt to wear one Norcuron over next several hours, and see whether he can be just managed by diprivan alone (which can be titrated up ward).

- ✓ Jf & when weaned off from Norcuron Do ABG & Calme one

- ✓ ✓ Clearin to 600mc L PB given
- ✓ Xray (B) & ABG (B) in AM.

- ✓ Keep HOB ↑ 20-30°

- ✓ Lax 20mc L w/asy/C Chakinalo

- ✓ Serum arterial ammonia along with ABG tomorrow AM (B) (B)

- ✓ D/c Diamox

/C Chakinalo

FAXED
13/8
7/21/01

noted hypox 7/21/01 1320

RT noted 7-21-01 @ 1945 - SJanson, COT

UNITED REGIONAL HEALTHCARE SYSTEM - PHYSICIANS ORDER SHEET

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USE A BALL POINT PEN.

UNITED REGIONAL HEALTH CARE SYSTEM

11TH



36-24-04 INI

CARDWELL, JOHN W

SZCZERBA, ARTHUR J 9081 ADM: 7/16/01

DOB: 9/01/61 038Y M

00011324092

IMPRINT

MAY USE FORMULARY DRUG

UNLESS CHECKED

DATE:

7-21-01

TIME:

1955

Order Clarification:

CMVVT 850, F 20, Sighs 1.2 4x1,
FIO₂ 70%.

Dr C. Chakraborty / S. Johnson, CRT

C. C. Chakraborty

DATE:

7-22-01

TIME:

09:55

f D/C Lactinase per rectum

f L Lactinase thru NAT to 30gm ~~0.15~~
t.i.d

ky

DATE:

7/22

TIME:

SMA12, Co. mg. Pou, unacid, es in an

1 amp soda bicarb IV now

repeat 1 amp in 1hr ✓

40 meq KCl IV over 4 hrs ✓

D/C Bromocriptin ✓

C. difficile toxin

noted Thompson
7/22/01Chenell RD
7-22-01
1730FAXED
7/22/01
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USE A BALL POINT PEN.

UNITED REGIONAL HEALTH CARE SYSTEM
11TH

36-24-04 [N]

CARDWELL JOHN W
SZCZERBA ARTHUR J 9061 ADM 7/16/01
DOB 9/10/61 039Y M
00011324092

- M A R I N T -

- M A R I N T -

- M A R I N T -

MAY USE FORMULARY DRUG
UNLESS CHECKEDMAY USE FORMULARY DRUG
UNLESS CHECKEDMAY USE FORMULARY DRUG
UNLESS CHECKED

DATE:

7-21-01

TIME:

1:00 PM.

• T to 800 ml (done) of leave next
• Scale back & attempt to wear in
Norcuron over next several hours,
and see whether he can be just managed
by dipivan alone (which can be titrated
up ward).

✓ Jf & when weaned off from Norcuron
✓ Do ABG & Call me. ^{W.H.}

DATE:

TIME:

✓ T clear in 600 up & PB given
• (xray) & ABG in AM.

✓ Keep HOB ↑ 20-30°
✓ K&S 20 up & down / C. Chakinala

✓ Serum arterial ammonia along with ABG
• tomorrow AM ~~SPCR~~

• ABG D. annex
/ C. Chakinala

DATE:

TIME:

FIXED
13/8
7/3/01

noted hypox 7/21/01 1350
RT Water 17-21-01 @ 1945 - S. Johnson, CR7

UNITED REGIONAL HEALTHCARE SYSTEM - PHYSICIANS ORDER SHEET

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UNITED REGIONAL HEALTHCARE SYSTEM
11TH



36-24-04 INI
CARDWELL JOHN W
SZCZERBA ARTHUR J 9061 ADM 7/16/01
DOB 9/01/61 039Y M
00011324092

— M A R — Z I —

— M A R — Z I —

— M A R — Z I —

MAY USE FORMULARY DRUG
UNLESS CHECKED

MAY USE FORMULARY DRUG
UNLESS CHECKED

MAY USE FORMULARY DRUG
UNLESS CHECKED

DATE

7/21/01

TIME

(1125°)

Pen changes (additional) % ↑ AA to 5.0%

↑ Deprox to 13.6%

↑ lat to 3.2%

add 8 units insulin / liter
rate 100/hr.

V.O. Dr Patel / R. Reeves, CRNP

FAXED
7/21/01 1125°

DATE

noted Hampton 7/21/01 @ 1145

DATE

7/21/01

TIME

1130

dc DIC protocol - +
T.O. Dr Koska / Hammorska

noted by Hampton 7/21/01 @ 1208

UNITED REGIONAL HEALTHCARE SYSTEM - PHYSICIANS ORDER SHEET

PHYSICIAN'S DIRECTIONS: YOUR ORDERS ARE BEING AUTOMATICALLY COPIED, WRITE OR PRINT LEGIBLY.

USE A BALL POINT PEN.

DATE: 7/21/01 TIME: 0415	
MAY USE FORMULARY DRUG UNLESS CHECKED	<p>1 IMPRINT</p> <p>See in an (121) - 100</p> <p>So. Dr. Chakraborty / P. S. Chakraborty</p>
MAY USE FORMULARY DRUG UNLESS CHECKED	<p>DATE: 7/21 TIME: 0415</p> <p>① 1/1000 100 cc 1hr Error</p> <p>② SMA 12</p> <p>③</p> <p>④</p>
MAY USE FORMULARY DRUG UNLESS CHECKED	<p>DATE: 7/21 TIME: 0415</p> <p>① SMA 12 100 mg, 904, vyc 0.5, cbc in a</p> <p>② 1/1000 100 cc 1hr</p> <p>③ 100 cc albumin</p> <p>④</p> <p>FAXED</p> <p>7/21/01</p> <p>noted 7/21/01</p>

UNITED REGIONAL HEALTH CARE SYSTEM
36-24-04 INI
CARDWELL, JOHN W
SZCZERBA, ARTHUR J 9061 ADM 7/16/01
DOB 9/01/61 039Y M
00011324092

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UNITED REGIONAL HEALTHCARE SYSTEM - PHYSICIANS ORDER SHEET

PHYSICIAN'S DIRECTIONS: YOUR ORDERS ARE BEING AUTOMATICALLY COPIED, WRITE OR PRINT LEGIBLY.

USE A BALL POINT PEN.

DATE: 7-20-01. TIME:	
MAY USE FORMULARY DRUG UNLESS CHECKED	Repeat ABGs now & let me know the result. <i>Jan</i>
	C.C. Ca Rins. Co
	7/20/01 <i>Jan</i>
MAY USE FORMULARY DRUG UNLESS CHECKED	DATE: 7-20-01 TIME: 1400
	2001 1400
	add 5% 4x1 e 1.2 L
	give 1 Amb. NA bicarb IV (line)
MAY USE FORMULARY DRUG UNLESS CHECKED	DATE: 7-20-01 TIME: 1835
	RT Noted 7-20-01 @ 1835 - S. Johnson
	Ok to use CPN & coverage for BBBS Q6"
	150-200 give 3u Regular insulin
MAY USE FORMULARY DRUG UNLESS CHECKED	201-250 = 10u Regular insulin
	251-300 = 9u "
	301-350 = 12u "
	> 350 = Call physician
T.O. Dr. Patel / <i>Jan</i>	

UNITED REGIONAL HEALTH CARE SYSTEM
36-24-04 INI
CARDWELL JOHN W
SZCZERBA ARTHUR J 9061 ADM 7/16/01
DOB 9/01/61 CS9Y
00011324092

UNITED REGIONAL HEALTHCARE SYSTEM - PHYSICIANS ORDER SHEET

PHYSICIAN'S DIRECTIONS: YOUR ORDERS ARE BEING AUTOMATICALLY COPIED, WRITE OR PRINT LEGIBLY.

USE A BALL POINT PEN.

UNITED REGIONAL HEALTH CARE SYSTEM

11TH

36-24-04 INI

CARDWELL, JOHN W
SZCZERBA, ARTHUR J, 9061 ADM: 7/16/01
DOB: 9/01/61 039Y M
00011324092

IMPRINT

IMPRINT

IMPRINT

MAY USE FORMULARY DRUG
UNLESS CHECKEDMAY USE FORMULARY DRUG
UNLESS CHECKEDMAY USE FORMULARY DRUG
UNLESS CHECKED

DATE:

7/20

TIME:

9:30 AM

Portable abdomen sonogram & learn

Radiologist call me re results

D. K. Murphy will see pt this
weekend for me.

Arterial NHs in AM

noted by Hampton 7/20/01 @ 0948

7/20/01
K. Murphy

DATE:

7/20

TIME:

Q. SMA12, 60 mg po, one aero, Gbc in an

Q. On new base change PAN & CBN

T. Dextrose 5.2%

T. KPO4 35 meq

↓ KCl 30 meq

V. K long 100

crab some

per/1 liter

7/20/01
K. Murphy

DATE:

7/20

TIME:

Q. DIC renal dose dopamine due

Q. 250 ml NS bows now come

FAXED
7/20/01 @ 1128FAXED
7/20/01 @ 1128

7/20/01 (1110)

CPN changes (additional): ↓ KCL to 10 meq/l.

↓ Ca gluconate to 4.0 meq/l.

Add 3.0 units/liter Reg insulin @

T.O. Dr Patel / R. Reeves, CNRP

7/20/01
K. MurphyCopy of OIG case to Litigation Support on 06.26.2013 by scm.
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UNITED REGIONAL HEALTHCARE SYSTEM - PHYSICIANS ORDER SHEET

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USE A BALL POINT PEN.

UNITED REGIONAL HEALTH CARE SYSTEM

11TH



36-24-04 INJ

CARDWELL, JOHN W

SZCZERBA, ARTHUR J 9061 ADM 7/16/01

DOB 9/01/61 039Y M

00011324092

MAY USE FORMULARY DRUG
UNLESS CHECKEDMAY USE FORMULARY DRUG
UNLESS CHECKEDMAY USE FORMULARY DRUG
UNLESS CHECKED

DATE:

7-19-01

TIME:

Confers

- ABGs in AM 110
- Xray in AM (upright sitting) 111
- Keep head \uparrow 20-30° (to prevent aspiration)
- to 45% (done) C. Chakraborty

DATE:

7/19/01

TIME:

1245R

- CT Scan of Head today

S. Ravi.

noted L. Williamson 7/19 @ 1437

DATE:

7/19/01

TIME:

(1835°)

- ① Δ PPN to modified CPN: \uparrow dextrose to B.2%
- adding mg vitamin K/day
- 113 114 \uparrow Ca gluconate to 7mg/l.

- ② Am Lab: triglyceride, & prealbumin
- Monday am: prealbumin 115

T.O. Dr Patel / R. Kewy, MD

FAXED
7/19/01

noted by R. J. 1835 CPN @ 1952 on 7/19/01

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UNITED REGIONAL HEALTHCARE SYSTEM - PHYSICIANS ORDER SHEET

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USE A BALL POINT PEN.

UNITED REGIONAL HEALTH CARE SYSTEM
36-24-04 INJ 11TH

CARDWELL, JOHN W
SZCZERBA, ARTHUR J 9061 ADM 7/16/01
DOB: 9/01/61 039Y M
00011324092

PRINT

MAY USE FORMULARY DRUG
UNLESS CHECKED

DATE:

TIME:

7/19/11 ③ ↓ Albumin to 25 g/dL

④ change PPA as follows:
next day

↑ KCl to 40 meq/L

↑ K Phos to 25 meq/L

↓ MgSO₄ to 6 meq/L

leave remaining comp same

Rate: 150 mL/hr

⑤ 104 1411 11 11
CIBC } of hrm.

FAKED

MAY USE FORMULARY DRUG
UNLESS CHECKED

DATE:

TIME:

noted
Williamson
7-19-01
H11

DATE:

TIME:

7-19-01

- ABGs 104

- D/C unayn.

- ↓ cleocin to 6ccups to q12° hr

- Start on Levapain 5ccups 2PB q24h

- Plan wean down Norcuron slowly

so that pt can assist the vent a

little up to 20% mf. (Don't d/c)

Keep Diprivan infusion at minimum rate

FAKED

PRINT

MAY USE FORMULARY DRUG
UNLESS CHECKED

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(... 27-51

UNITED REGIONAL HEALTHCARE SYSTEM - PHYSICIANS ORDER SHEET

PHYSICIAN'S DIRECTIONS: YOUR ORDERS ARE BEING AUTOMATICALLY COPIED, WRITE OR PRINT LEGIBLY.
USE A BALL POINT PEN.

DATE: 7-18-01 TIME: 12:10 PM	
MAY USE FORMULARY DRUG UNLESS CHECKED	CNR h line plast J done JH
	S. Kist R
	Noted 7/18 @ 130
	MINI 7-17-01 @ 0200
MAY USE FORMULARY DRUG UNLESS CHECKED	DATE: 7/19/01 TIME: 0200
	1. Lactulose prn
	2. Change SOB's to q6h
	rad urea 1 morning
MAY USE FORMULARY DRUG UNLESS CHECKED	DATE: 7/19/01 TIME: 0948
	noted L Williamson 7-19 @ 0948
	7/19/01 (C) Wen Acetamin down
	to 23 mg 4x/day by
MAY USE FORMULARY DRUG UNLESS CHECKED	DATE: 7/19/01 TIME: 1046
	thru prn
	(C) Add 30 mg KCl to
	prn has 1 prn

UNITED REGIONAL HEALTH CARE SYSTEM
36-24-04 (N)
CARDWELL JOHN W
DOB 9/01/61 ARTHUR J 9651 ADM 7/16/01
00011324092

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UNITED REGIONAL HEALTHCARE SYSTEM - PHYSICIANS ORDER SHEET

PHYSICIAN'S DIRECTIONS: YOUR ORDERS ARE BEING AUTOMATICALLY COPIED, WRITE OR PRINT LEGIBLY.
USE A BALL POINT PEN.

DATE:		TIME:
MAY USE FORMULARY DRUG UNLESS CHECKED	7/18/01	
	(1) Change IV to 5% b/w + 75 mg NaKCl, 1 liter at 125 mL/hr	✓
MAY USE FORMULARY DRUG UNLESS CHECKED	DATE:	TIME:
	(2) Start PPN (per modified) at 125 mL/hr, 1200 b/c other IV when PPN is started	
MAY USE FORMULARY DRUG UNLESS CHECKED	(3) Inj Rocephin 500 mg IV now ✓	
	2 then 250 mg daily	
MAY USE FORMULARY DRUG UNLESS CHECKED	(4) Inj heparin 10 mg IV daily x3	
	(5) Inj 14 P, 14g CHC	for 600
MAY USE FORMULARY DRUG UNLESS CHECKED	(6) Inj Larix 40 mg IV now ✓	
	① albumin 25 gm q 12° IV ✓ U.O. Dr. Minkowski / J. Hark	

FAXED

FAXED

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7-18-01
27-53

UNITED REGIONAL HEALTH CARE SYSTEM

11TH



36-24-04 [N]

CARDWELL, JOHN W

SZCZERBA, ARTHUR J. 9061 ADM 7/16/01

DOB 9/01/61 039Y M

00011324092

UNITED REGIONAL HEALTHCARE SYSTEM - PHYSICIANS ORDER SHEET

PHYSICIAN'S DIRECTIONS: YOUR ORDERS ARE BEING AUTOMATICALLY COPIED, WRITE OR PRINT LEGIBLY.
USE A BALL POINT PEN.

UNITED REGIONAL HEALTHCARE SYSTEM
11TH

36-24-04 IN

CARDWELL, JOHN W
SZCZERBA, ARTHUR J 9061 ADM 7/16/01
DOB 9/01/61 039Y M
00011324092

UNITED REGIONAL HEALTHCARE SYSTEM

MAY USE FORMULARY DRUG
UNLESS CHECKEDMAY USE FORMULARY DRUG
UNLESS CHECKEDMAY USE FORMULARY DRUG
UNLESS CHECKED

DATE: 7-18-01 TIME: 0100

- ① ↑ set rate to 144bpm
② give 1amp bicarb IV ③ AM ABG
T.O. Dr Chakinala / C. Coleman RRT
C. Chakinala

Noted S. Hestey
100
7-18-01

due
8th

DATE: 7-18-01 TIME: 6:45P

- ① Transfuse 200 of platelets
Kendra Ughis, R

Noted S. Hestey 1300
7-18-01

DATE: 7-18-01 TIME:

Consult anesthesiologist for Central line
+ Arterial line

W.D. Chakinala / S. Hestey
C. Chakinala

FAXED
0750

Noted Mathews UR 7/18 @ 0755

7-18-01 Noted S. Hestey 1300

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UNITED REGIONAL HEALTHCARE SYSTEM - PHYSICIANS ORDER SHEET

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USE A BALL POINT PEN.

11TH



36-24-04 IN
CARDWELL, JOHN W. ADM 7/16/01
SZCZERBA, ARTHUR J. 9061
DOB 9/01/61
DOB 9/01/61
00011324092
UNITED REGIONAL HEALTHCARE SYSTEM

MAY USE FORMULARY DRUG
UNLESS CHECKED

DATE: 7-17-01. TIME:
 - Give 2 amps of valproic acid push now
 - place on sim of 10/ml + Prv of 10 amp. — CMC
 - Start him on low dose diprivan @ 15-20 ug/kg.
 - Cxray in AM. ABG in AM. CMC
 C. C. Kinnel

MAY USE FORMULARY DRUG
UNLESS CHECKED

DATE: 7-17-01. TIME:
 - A vent to cmv - 15, Tv - 750.
 - Give 5mg norecuron 2 bolus.
 - Give 250cc saline bolus I.
 - 1 I to 250 cc/hr
 - Start on norecuron drip @ 3-5 mg/hr
 - Keep on low dose diprivan @ 5-10 ml/hr (if BP can permit)
 - ↑ dopamine to 10 ug/kg/min for now & can titrate to syst BP of 90+ mm of Hg.
 - ABG in 30-40 min & call me
 C. C. Kinnel

MAY USE FORMULARY DRUG
UNLESS CHECKED

DATE: 7-18-01. TIME:
 - Keep on low dose diprivan @ 5-10 ml/hr (if BP can permit)
 - ↑ dopamine to 10 ug/kg/min for now & can titrate to syst BP of 90+ mm of Hg.
 - ABG in 30-40 min & call me
 C. C. Kinnel

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UNITED REGIONAL HEALTHCARE SYSTEM - PHYSICIANS ORDER SHEET

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USE A BALL POINT PEN.

UNITED REGIONAL HEALTH CARE SYSTEM

11TH



36-24-04 INI

CARDWELL, JOHN W

SZCZERBA, ARTHUR J 9061 ADM 7/16/01

DOB 9/01/61 039Y M

00011324092

- PRINT -

MAY USE FORMULARY DRUG
UNLESS CHECKED

DATE:

7/17/01

TIME:

1500 R

Pulmonary consult with
Dr. Chokinda done by residents.

S. Ravi.

noted thampton 7/17/01 @ 1534

PT 7-17-01 @ 1430 - Liberman RPT

DATE:

7/17

TIME:

7:40 PM

- PCR HCV quantitation

- Lactulose 30 cc prn NO & clays

q 4h

- Lactulose Retention enema 60 cc

q 4h

- Rectal tube prn.

- LFTs & CoT, CBC, Arterial NH₃.

PT, PN & DX 4

DATE:

- Bedside Glu q 4h -

TIME:

call of < 75.

FAXED

DATE:

7-17-01

TIME:

9-45 PM.

D/c PEEP (done)

- f_{O2} to 50% (done)

- ABGs Nav (done)

C. C. La Riva

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UNITED REGIONAL HEALTHCARE SYSTEM - PHYSICIANS ORDER SHEET

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USE A BALL POINT PEN.

UNITED REGIONAL HEALTH CARE SYSTEM

11TH



36-24-04 IN

CARDWELL, JOHN W.
SZCZERBA, ARTHUR J. 9061 ADM 7/16/01
DOB 9/01/61 039Y M
00011324092

- M - P R - I N T -

MAY USE FORMULARY DRUG
UNLESS CHECKED

DATE:

7/17 2001 0755

TIME:

DC PEGAS
Protomix 40mg IV now + 6mg
Pl. Pl. WR
Proinogen and Protein Degeneration
Products now

call results to me

UC. R. UR give

FAXED

DATE:

7/17/01

TIME:

Karela Thapkin

MAY USE FORMULARY DRUG
UNLESS CHECKED

- M - P R - I N T -

7/17 2001 0850

aggr + at Ammonia + 086

way change vent to cur

T.O. to original

noted by thampton 7/17/01 @ 0853

DATE:

TIME:

Karela Thapkin

MAY USE FORMULARY DRUG
UNLESS CHECKED

- M - P R - I N T -

7/17/01

11-

(1) change 9L to

57 B/W + 45 meq NaHCO₃ / L

+ 30 meq KCl / L + 20 meq

K Phos / L

Rate: 200 ml/hr

FAXED

1139
7/17/01

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UNITED REGIONAL HEALTHCARE SYSTEM - PHYSICIANS ORDER SHEET

PHYSICIAN'S DIRECTIONS: YOUR ORDERS ARE BEING AUTOMATICALLY COPIED, WRITE OR PRINT LEGIBLY.

USE A BALL POINT PEN.

11TH



36-24-04 [N]

CARDWELL, JOHN W
SZCZERBA, ARTHUR J 9061 ADM 7/16/01
DOB 9/01/61 039Y M
00011324092

UNITED REGIONAL HEALTHCARE SYSTEM

DATE	TIME	PHYSICIAN'S DIRECTIONS
7/17/01	0255 P	<p>SMALL now</p> <p>NO PAIN</p> <p>NO PAIN</p>
7/17/01	0415	<p>1. Give 1 amp Iso IV now.</p> <p>2. Pepcid 20mg IV qd.</p> <p>TO Dr. Srinivasan / Edward R</p> <p>NO PAIN</p> <p>3. Balus</p>
7/17/01	0215	<p>Run 1/2 NS + amp bicarb @ 200cc</p> <p>DC NS IV fluid</p> <p>Use Diprivan for sedation</p> <p>VO Dr Srinivasan / L Steen R</p> <p>NO PAIN</p> <p>3. Balus</p> <p>MLL Edward R 7/17/01</p>

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UNITED REGIONAL HEALTH CARE SYSTEM

36-24-04 | N |

11TH

CARDWELL JOHN W

SZCZERBA, ARTHUR J 9081 ADM 7/16/01

DOB 9/01/61 039Y

00011324092

UNITED REGIONAL HEALTH CARE SYSTEM

Form # 8330/03 (REV. 12/89)

NURSING INTERVENTIONS

Time	0740
O ₂ via	Tough
L/M or FIO ₂	45%
CMV/SIMV Rate	22
Vt	800
CPAP / PEEP	
PSV	
PCV	
DS	

NURSING INTERVENTIONS

[illegible]

NGT			IV INSERTION			IV SITE CARE			IABP/A-LINE DC'd			EQUIPMENT		
Tube Type			Site			Site			By			IV Pump		
Size			Gauge			Patent			Time			Feed Pump		
By			By			Drsg Applied			Bleeding			Oximeter		
Time			Time			By			Hematoma			Ventilator		
Placement 'd			Start Kit Used			Time			Site Clean			Temp Pace		
X-Ray			Injection Site			DRAIN DC'd			Pressure Drsg			SCD/K Ped		
To Suction			# Attempts			Type			CMS adequate			Bard		
Clamped			IV DC'd			Site			PA CATHETER DC'd			IABP		
Feeding			Site			Drsg Applied			By			Camino		
D/C'd Time			Redness			By			Time			Geomatt		
FOLEY/STRAIGHT CATH			Bleeding			Time			Ectopy			Hypo/Hyper		
Size			Drainage			CT DC'd			EXTUBATION			Thermia Unit		
Sterile Tech. Used			Infiltration			Site			Hyperoxygenated					
By			Drsg Applied			By M.D.			Suctioned					
Time			By			Drsg Applied			Extubated by					
D/C'd Time			Time			Time			Time					

FALL PRECAUTIONS

Initials	at 7:30
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RESTRAINT/M.P.D.

NURSING DIAGNOSIS: POTENTIAL FOR INJURY R/T HIGH RISK FOR FALL		7 a-p	7 p-a	7 p-m	
DESIRED OUTCOME: NO FALLS OR INJURY DURING HOSPITAL STAY				*Requires Further Charting	*Alternative
Stress fall prevention information with Patient and family once per day and PRN				Tube Wandering Fall	*Measures
Check for Yellow bracelet on Patient once per day				Aggressive/Assaultive	Time Applied
Check for Yellow symbol on chart and kardex once per day					Type: Wrist
Check door open & lighting sufficient to visualize Patient q 4 hours and PRN					Vest
Confirm all side rails up, bed in low position q 4 hours and PRN					4 pt.
Confirm presence of call light within reach and reinforce use of q 4				✓ Done-Continues	Needs Attended Q 2 hr
Ensure Patient has slippers with rubber soles for out-of-bed activities					per protocol:
Provide mandatory assistance to BSC or BR prn. Remain with Patient while up to BSC or BR					*Time Discontinued
Provide mandatory assistance with ambulation				Report given to next shift	
Apply reminder belt or posey vest when up to chair as indicated					
Apply bed sensor per nurse discretion. Check alarms "on" at all times when Patient in bed					
Offer toileting at HS and PRN					

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DATE:

ROOM

United Regional Health Care System

UNITED REGIONAL HEALTH CARE SYSTEM
11TH
36-24-04 (NI)
CARDWELL JOHN W
SZCZERBA ARTHUR J 9061 ADM 7/16/01
DOB 9/01/61 039Y M
00011324092
UNITED REGIONAL HEALTH CARE SYSTEM

DISCHARGE SUMMARY

Please follow these instructions carefully. If you have any questions, please call:

Dr. Dumb Phone 767-8334 Instructions given to ☒ Patient ☐ Other
Discharge By Dr. Dumb Accompanied By _____ Date 8/4/01 Time _____ A P
Mode ☐ Ambulatory ☐ With Walker ☐ Wheelchair ☐ Stretcher Valuable to pt. ☐ Yes ☐ No

- ☐ See Medication List ☐ See Food/Drug Interaction Sheet
☐ Prescriptions Given to Patient ☐ Instructions Given By Physician

Equipment & Supplies (List)

- ☐ None Required ☐ Sent Home With _____
☐ Demonstrates Knowledge & Skill in Care & Management Instructions _____

Drains/Foleys/Wound Care (List)

- ☐ Medical Appliances Removed? ☐ None Required ☐ Sent Home With _____
☐ Demonstrates Knowledge & Skill in Care & Management Instructions _____

Activity Level (Limitations & Expectations)

Instructions _____

Diet ☐ No Special Instructions ☐ Instructions Given by Dietician**Follow-Up Care**

- ☐ No Appointment. Return Only if Problems Develop.
☐ Return to Doctor _____
☐ Other Health Referral Made to _____

Written Instructions Given to Patient ☐ Yes ☐ No**Other Instructions & Comments** _____**Discharge Information**Belongings Sent With Patient? ☐ Yes ☐ No Vital Signs: B/P 100/60 P 96 T 98.6 R 16Discharge Destination/Status (Check One) ☒ See Transfer Sheet

- | | |
|---|---|
| <input type="checkbox"/> Home | <input type="radio"/> Inpatient Hospice |
| <input type="checkbox"/> Home With Home Health Care | <input type="radio"/> Outpatient Hospice |
| <input type="radio"/> Nursing Home | <input type="radio"/> Left Against Medical Advice |
| <input type="radio"/> Rehabilitation Hospital | <input checked="" type="radio"/> Expired |
| <input type="radio"/> Psychiatric Facility | <input type="radio"/> Other _____ |
| <input type="radio"/> Acute Care Hospital | |

Nurse's Signature B. Shedd

Patient's Signature _____

Revised: February, 1993
784500740

Chart Copy
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UNITED REGIONAL HEALTH CARE SYSTEM

36-24-04 [NI]

11TH

CARDWELL, JOHN W

SZCZERBA, ARTHUR J 8061 ADM 7/16/01

DOB 8/01/61 039Y

00011324092

M

United Regional Health Care System

ROUTINE DEATH NOTIFICATION/REQUIRED REQUEST
FOR ORGAN AND TISSUE DONATION

On every death, contact Southwest Transplant Alliance (STA) at 1-800-201-0527 to determine what organs and/or tissues can be donated and to discuss the family approach.

Name of STA contact person: Evy Goeke RNDate/Time of call: 8/4/01 1825

At the time of routine death notification, the STA representative determined the patient to be: (please check one)

☒ Medically unsuitable for donation. Please indicate reason for unsuitability provided by the STA representative: ruled out declined due to his

history of hepatitis C & being a Prisoner

☐ Medically suitable for donation. If patient is suitable then the patient's legal next of kin will be provided the option to donate organs and/or tissues. 5

Name of designated requester who offered the option of donation to the family:

Name and relationship of family member who was approached for consent:

Did the family agree to donate? N/A ☐ Yes ☐ No

If yes, a consent form must be completed and placed in the patient's chart.

Name/Title of person completing this form: Brandon Rea RNDate: 8/4/01 Time: 1825 Unit: SCCU

August 25, 1998

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ADDRESSOGRAPH

UNITED REGIONAL HEALTH CARE SYSTEM

36-24-04 (N)

11TH

CARDWELL, JOHN W

SZCZERBA, ARTHUR J DOB: ADM 7/16/01

DOB 9/01/61

039Y

M

00011324092

United Regional Health
Care System

REPORT OF DEATH

FORM NO. 8331-74 REV (02/06)

PRINTED BY: 11/08/06 10:00:00

(complete for non-hospital patients)

Name: _____ DOB: _____ Age: _____

Address: _____ City: _____ State: _____

Where body found: _____

Date of Death: _____ Time of Death: _____ Pronounced by: _____

Attending Physician: _____ Service: _____ Police Case? ☒ yes ☐ noNext of Kin - Name: _____ Notified: ☒ yes ☐ no by: _____

Phone: _____ Address: _____ City: _____ State: _____

Information from: _____

ROUTINE INQUIRY

Next of kin approached for tissue/organ donation: Yes _____ No _____ State reason: _____

Next of kin/responsible party: _____

Relationship: _____ Accepted: _____ Declined: _____

Nurse's signature: _____

PERMIT FOR REMOVAL OF BODY

UNITED REGIONAL HEALTH CARE SYSTEM is hereby given permission to deliver the above body to: _____ mortuary

Witness: _____ Signed: _____

Date: _____ Relationship: _____

Certification of Removal by Authorized Mortuary

This is to certify that the above body has been removed by:

Date: _____ Time: _____ Signed: _____

(person releasing body to mortician)

Signed: _____

(person receiving body for mortician)

License Number: _____

Name checked: _____ Age: _____ Sex: _____ Race: _____ Chart Number: _____

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